

## **EXHIBIT 2**

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

IN RE PHARMACEUTICAL INDUSTRY  
AVERAGE WHOLESALE PRICE  
LITIGATION

THIS DOCUMENT RELATES TO:

ALL ACTIONS

MDL No. 1456

CIVIL ACTION: 01-CV-12257-PBS

Judge Patti B. Saris

**DECLARATION OF THOMAS R. GLENN  
REGARDING STATUS OF CLAIMS ADMINISTRATION ACTIVITIES RELATED TO  
SETTLEMENT WITH DEFENDANT GLAXOSMITHKLINE**

The undersigned, THOMAS R. GLENN, states that:

1. I submit this Declaration in order to provide the Court and the parties to the above-captioned litigation with information regarding the implementation of the Notice Program approved by the Court in its Order of November 15, 2006 granting preliminary approval of the GlaxoSmithKline Settlement ("Preliminary Approval Order"). I am over 21 years of age and am not a party to this Action. I have personal knowledge of the facts set forth herein, and if called as a witness, could and would testify competently thereto.
2. I am the Senior Vice President and Chief Operating Officer of Complete Claim Solutions, LLC ("CCS").
3. CCS has been a Notice and/or Claims Administrator for several pharmaceutical settlements, such as: Hytrin<sup>1</sup>, Augmentin<sup>2</sup>, Lupron<sup>3</sup>, Paxil<sup>4</sup>, Relafen<sup>5</sup>, Remeron<sup>6</sup>, and Warfarin<sup>7</sup>, which included consumer classes.

<sup>1</sup> In re Terazosin Hydrochloride Antitrust Litigation (S.D.Fl. MDL No. 1317)

<sup>2</sup> Rosemarie Ryan House, et al. v. GlaxoSmithKline PLC and SmithKline Beecham Corporation (E.D. Va 2:02cv442)

<sup>3</sup> In Re Lupron® Marketing And Sales Practices Litigation (D.Ma. M.D.L. 1430)

<sup>4</sup> Nichols, et al., v. Smithkline Beecham Corporation (E.D.Pa. 00-CV-6222)

<sup>5</sup> In Re Relafen Antitrust Litigation (D.Ma. 01-CV-12239-WGY)

<sup>6</sup> In Re: Remeron End Payor Antitrust Litigation (D.N.J. 02-2007 (FSH))

<sup>7</sup> In re Warfarin Sodium Antitrust Litigation (D.De. MDL No. 98-1232)

4. CCS maintains a mailing database of approximately 43,268 potential TPP Class Members and record keepers (the “CCS TPP Mailing Database”) which consists of membership listings and existing databases from the following sources:

- a) Pharmacy Benefit Management Institute;
- b) Health Insurance Association of America;
- c) Benefits Sourcebook;
- d) Managed Care Information Centers;
- e) Judy Diamond Associates;
- f) A.M. Best Company;
- g) Association of Managed Care Providers;
- h) Society of Professional Benefit Administrators;
- i) American Association of Health Plans;
- j) Self Insurers Institute of America;
- k) National Association of Insurance Commissioners; and
- l) Society of Professional Benefit Administrators.

5. CCS developed the CCS TPP Mailing Database in March 2001 as a proprietary mailing database and it is maintained and regularly updated by CCS to be used in notifying TPP Class members in settlements of large pharmaceutical antitrust litigations, including those referenced in ¶ 3, above, as well as *In re Lorazepam and Clorazepate Antitrust Litigation* (MDL No. 1290); *Vista Healthplan, Inc., and Ramona Sakiestewa v. Bristol-Myers Squibb Co., and American BioScience, Inc.* (Civil Action No. 1:01CV01295 (EGS) (AK)); and *In re Cardizem CD Antitrust Litigation* (MDL No. 1278). CCS continues to update the CCS TPP Mailing Database with changes of address and additional TPP Class members and record keepers as they are identified in subsequent settlements.

6. Pursuant to the Preliminary Approval Order CCS was appointed as the Claims Administrator by the Court to assist in the process of providing notice of the Settlement to the potential Class Members in this Action. Specifically, CCS was retained to cause the

Consumer Notice, Claim Form, and Exclusion Form (“Consumer Notice Packet”) and the TPP Notice and Claim Form (“TPP Notice Packet”) to be printed and mailed to potential Class Members.

7. CCS received 2,448,893 records consisting of names and addresses of potential Consumer Class Members from The Department of Health and Human Services. The records were uploaded into a segregated database and scrubbed to remove duplicative records, resulting in 2,447,079 unique records (the “GSK-AWP Consumer Database”).

8. CCS caused the Consumer Notice Packets to be printed and from January 25-31, 2007, CCS mailed the Consumer Notice Packets by standard First-Class U.S. mail, postage prepaid, to 2,447,079 Consumer Class Members in the GSK-AWP Consumer Database as described in ¶ 7, above. A copy of the Consumer Notice Packet is attached hereto as Exhibit 1.

9. CCS caused the TPP Notice Packet to be printed and on February 7, 2007, pursuant to the Preliminary Approval Order, the TPP Notice Packet was mailed to a total of 43,268 potential TPP Class members, using the CCS TPP Mailing Database. A copy of the TPP Notice Packet is attached hereto as Exhibit 2.

10. Pursuant to the directions of Co-Lead Settlement Class Counsel, on or about May 7, 2007, an amended TPP Proof of Claim Form and cover letter (“Amended TPP Notice Packet”) was re-mailed to 42,390 potential TPPs using the CCS TPP Mailing Database, less those addresses determined to be undeliverable from the initial mailing of February 7, 2007, plus TPPs who requested a Notice Packet prior to the re-mailing. A copy of the Amended

TPP Notice Packet is attached hereto as Exhibit 3. The Amended TPP Claim Form corrected a typographical error in the claim period.

11. As of June 12, 2007, CCS mailed an additional 2,272 Consumer Notice Packets and 9 Amended TPP Notice Packets.

12. As of June 12, 2007, the United States Postal Service ("USPS") returned 2,196 Consumer Notice Packets and 208 TPP Notice Packets (original and Amended combined) as undeliverable with a forwarding address. Through June 12, 2007, CCS subsequently re-mailed Consumer Notice Packets and Amended TPP Notice Packets to the addresses provided by the USPS.

13. As of June 12, 2007, the USPS returned 60,468 Consumer Notice Packets, 1,553 TPP Notice Packets (original and Amended combined) as undeliverable without forwarding addresses.

14. CCS utilized the services of Accurint, an address database service to which CCS subscribes, seeking updated addresses for Class Members to which all Notice Packets were returned as undeliverable, referred to in ¶13, above. As a result, CCS received updated addresses for 15,885 Consumers and 410 TPPs from Accurint and CCS subsequently re-mailed Consumer Notice Packets and Amended TPP Notice Packets to the updated addresses. Of the 15,885 Consumer Notice Packets remailed, 4,139 were subsequently returned by the USPS as undeliverable; and of the 410 TPP Notice Packets remailed, 95 were subsequently returned by the USPS as undeliverable.

15. Through June 12, 2007, CCS has received 12,497 Consumer claims and 2,028 TPP claims.

16. CCS has acted as a repository for inquiries and communications from potential Class members. Pursuant to the Preliminary Approval Order, CCS established a Post Office Box, a toll-free telephone "hotline," a settlement website ([www.gsksettlement.com](http://www.gsksettlement.com)), and a settlement email address ([GSKAWPInfo@CompleteClaimSolutions.com](mailto:GSKAWPInfo@CompleteClaimSolutions.com)) to respond to potential claimants' inquiries.

17. As of June 12, 2007, CCS has received approximately 3,997 calls from TPPs of which approximately 1,618 were answered by a live operator; 21,856 calls from Consumers of which 11,357 were answered by a live operator; and 2,981 calls from Spanish-speaking Consumers of which 1,103 were answered by a live Spanish-speaking operator.

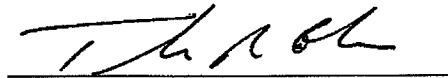
18. As of June 12, 2007, a total of 2,467,432 Consumer Notice Packets and 86,276 TPP Notice Packets (original and Amended combined) have been mailed.

19. As of June 12, 2007 the settlement website's home page has been visited 15,997 times. The TPP Main Page has been visited 4,451 times and the TPP Claim Form has been downloaded 2,479 times. The Consumer Main Page has been visited 7,583 times and the Consumer Claim Form has been downloaded 3,607 times. The Spanish Main Page has been visited 1,281 times. Please note that any one visitor may have visited any or all pages within the website multiple times.

20. As mentioned in ¶16 above, CCS developed and maintains a settlement email address (GSKAWPInfo@CompleteClaimSolutions.com). The settlement email address was "live" as of January 15, 2007 and has received 112 emails as of June 12, 2007.

21. Pursuant to the Preliminary Approval Order, Requests for Exclusion must have been received by May 27, 2007. CCS received 12 timely Requests for Exclusion from TPPs and 21,194 timely Request for Exclusion from Consumers. A true and correct listing of the TPPs requesting exclusion is attached hereto as Exhibit 4. Due to the large number of Consumers requesting exclusion, as well as concerns regarding privacy, CCS will provide a true and correct listing upon request, and under seal.

22. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

A handwritten signature in black ink, appearing to read "Th R Glenn", is written over a horizontal line.

Thomas R. Glenn

June 21, 2007

## Exhibit 1



**UNITED STATES DISTRICT COURT – DISTRICT OF MASSACHUSETTS**

**If You Made or Are Obligated to Make a Percentage Co-Payment  
or Full Payment for the GSK Drugs:**

**Kytril Injectable** (Granisetron HCL)  
**Zofran Injectable** (Ondansetron HCL)  
**or**

Alkeran (Melfalan)  
Kytril Tablets (Granisetron HCL)  
Myleran (Busulfan)  
Retrovir (Zidovudine)  
Zofran Orals (Ondansetron HCL)  
Zantac (Ranitidine HCL)

Imitrex (Sumatriptan)  
Lanoxin (Digoxin)  
Navelbine (Vinorelbine Tartrate)  
Ventolin (Albuterol)  
Zovirax (Acyclovir) or

**A Proposed Class Action Settlement May Affect Your Rights.**

**Medicare Part B Beneficiaries (or their Heirs) and  
Privately-Insured Consumers are Included**

*The District Court has authorized this Notice. It is not a solicitation from a lawyer.  
You are not being sued.*

Para más Información Sobre Este Pleito, Visite A [www.GSKSettlement.com](http://www.GSKSettlement.com).

- There is a Proposed Settlement with SmithKline Beecham Corporation, doing business as GlaxoSmithKline (“GSK”), one of the Defendants in a class action lawsuit pending in the U.S. District Court for the District of Massachusetts. The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.
- The lawsuit claims that certain drug companies reported false and inflated average wholesale prices (“AWP”) for certain types of outpatient drugs. The reported AWP’s are used to set prescription drug prices that are paid by Medicare, consumers and insurers. The lawsuit asks the Court to award money damages to some people who paid or made co-payments for the drugs.
- GSK has entered into a Proposed Settlement with the Plaintiffs and has agreed to pay \$70 million to settle their claims and other related claims. After payment to certain State Attorneys General of \$4.5 million, and after deducting attorneys’ fees and costs of administering the Proposed Settlement, 30% of the net fund will be distributed in cash to consumers who paid for all or part of the cost of the drugs and who submit a valid claim form.
- The GSK Covered Drugs fall into two categories, as follows: The “Category A” Drugs, namely **Kytril Injectable** and **Zofran Injectable**, and the “Category B” Drugs, namely **Alkeran**, **Imitrex**, **Kytril (tablets)**, **Lanoxin**, **Myleran**, **Navelbine**, **Retrovir**, **Ventolin**, **Zofran (orals)**, **Zovirax** and **Zantac**. A complete list of the GSK Covered Drugs, including formulations, is set forth in the response to Question 8 below.

- There are two sub-Classes for individual consumers who paid for the GSK Covered Drugs.
- You are a member of **Medicare Co-Payment Class** if:  
You made or are currently obligated to make a percentage co-payment under Medicare Part B for any of the GSK Covered Drugs listed above (or are an heir to someone who made such a co-payment) from January 1, 1991 to January 1, 2005. You are excluded from this Class if you made flat co-payments, or you were reimbursed or have the right to be reimbursed in full for your co-payments.
- You are a member of the **Private Payor Class** if:  
You paid (or are currently obligated to pay) for any of the GSK Covered Drugs listed above outside of Medicare Part B, from January 1, 1991 to August 10, 2006 and  
Your payment was (a) for the full amount out-of-pocket, or (b) your payment was a percentage co-payment through private insurance. You're **not** included in the Class if you paid a fixed or flat co-payment.

**Medicare Part B enrollees may be in both Classes.**

The Court will be asked to decide whether to order final approval of the Settlement in this case.

### **A Summary of Your Rights and Choices**

*Your Legal Rights Are Affected Even If You Do Not Act.*

*Read This Notice Carefully.*

<b>You May:</b>		<b>Due Date:</b>
<b><i>Remain in the Classes &amp; File a Claim</i></b>	<b><i>Stay in the lawsuit and file a claim.</i></b> If you wish to stay in one or both of the Classes and file a claim, you must do so in writing by the date listed. Whether or not you file a claim, if you don't exclude yourself you will not be able to sue GSK for the claims in this lawsuit and you will also be bound by the Court's decisions. <b>See Questions 8 and 9.</b>	<b><u><i>Postmarked on or before May 28, 2007</i></u></b>
<b><i>Exclude Yourself</i></b>	<b><i>Get out of the Classes.</i></b> You can write and ask to get out of either or both of the Classes and keep your right to sue GSK on your own about the claims in the lawsuit. <b>See Questions 10 and 11.</b>	<b><u><i>Received no later than May 27, 2007</i></u></b>
<b><i>Object to the Proposed Settlement</i></b>	<b><i>Object or comment on the Proposed Settlement.</i></b> If you don't exclude yourself, you can appear and speak in the lawsuit on your own or through your own lawyer to object or comment on the Settlement. (Class Counsel has been appointed to represent you.) <b>See Questions 12 and 13.</b>	<b><u><i>Received on or before June 22, 2007</i></u></b>

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**BASIC INFORMATION****1. Why did I get this Notice?**

You were mailed this because records obtained from the Centers for Medicare and Medicaid Services indicate that you may have made a co-payment for one or more of the GSK Covered Drugs between January 1, 1991 and August 10, 2006, or you may have requested this Notice after seeing the Summary Notice in a publication.

This Notice explains:

- What the lawsuit and Proposed Settlement are about.
- What the lawsuits claim and what GSK says about the claims.
- Who is affected by the Proposed Settlement.
- Who represents the Class in the lawsuit.

- What your legal rights and choices are.
- How to file a claim.
- How and by when you need to act.

## 2. What is the lawsuit about?

Plaintiffs allege that Defendant drug companies either report the AWP of each drug they make to trade publications or provide those publications with information from which the publications calculate an AWP for each of Defendants' drugs. The published AWP of a drug has been used to set the price that consumers who made Medicare Part B co-payments, and Medicare paid for the drug. The published AWP is also often used by insurance companies to determine what they will reimburse doctors or pharmacies for these drugs. The lawsuits claim, among other things, that consumers making Medicare Part B co-payments, and consumers who paid in full for drugs or made a percentage co-payment outside of Medicare Part B, paid more than they should have paid for the Covered Drugs because drug companies, including GSK, intentionally reported false and inflated AWPs concerning the drugs at issue.

GSK denies any wrongdoing. The Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. GSK has entered into the Proposed Settlement solely to avoid further expense, inconvenience, and the burden of these litigations and any other present or future litigation arising out of the facts that allegedly gave rise to these litigations. GSK also wishes to avoid the distractions and diversion of their personnel and resources, and thereby to put to rest this controversy and to avoid the risks inherent in uncertain complex litigation.

## 3. Why is this a class action?

The Court has found that class action treatment is the superior method for the fair and efficient settling of this litigation. In a class action lawsuit, one or more people called "class representatives" sue on behalf of people who have similar claims. The people together are a "class" or "class members." A court must determine if it will allow a lawsuit to proceed as a class action. If it does, a trial of the claims then decides the lawsuit for everyone in the class, or the Parties may settle without a trial. The Parties here have agreed to, and the Court has preliminarily approved, a settlement that includes a national class of Medicare Part B beneficiaries who made Medicare Part B co-payments for the GSK Covered Drugs, as well as a national class of individuals who paid in full for, or who made percentage co-payments outside of Medicare Part B for, the GSK Covered Drugs. You could be a member of one or both of these Classes.

## 4. Why is there a Proposed Settlement?

A settlement is the resulting agreement between a plaintiff and defendant following extended negotiation in a case set for trial. Settlements conclude litigation but are not a result of the court ruling in favor of either the plaintiff or defendant. The settlement enables both parties to avoid the cost and risk of a trial, and ultimately establish a just, fair and final resolution that is best for all involved. The class representatives and their attorneys make the determination that the settlement is the best result for all class members. The Court will then review the terms of the proposed settlement and hold a hearing on the fairness and adequacy of the settlement to the class. If the Court approves the settlement, then the defendants are released from any liability based upon the alleged illegal behavior forming the basis of the complaint.

## 5. How do I know if I am included in the Proposed Settlement?

Unless you exclude yourself as described in Question 11 of this Notice, you will be included in the Proposed Settlement if you are a member of one or both of the Classes below:

There are two Classes for individual consumers who paid for GSK Covered Drugs.

You are a member of the **Medicare Co-Payment Class** if:

You made or are currently obligated to make a percentage co-payment under Medicare Part B for any of the GSK Covered Drugs listed above (or are an heir to someone who made such a co-payment) from January 1,

1991 to January 1, 2005. You are excluded from this Class if you made flat co-payments, or you were reimbursed or have the right to be reimbursed in full for your co-payments.

Stated in more detail, you are a member of the Medicare Co-Payment Class if you fulfill the criteria listed in 1, 2, or 3 below.

1. You are in this Class if: (a) you were a Medicare Part B beneficiary between January 1, 1991 and January 1, 2005, (b) you received one or more of the GSK Covered Drugs during that time period, and (c) you paid your doctor or pharmacist a percentage co-payment for one or more of the drugs, but not if you paid a flat amount (such as \$10 or \$20 per dose) and not if you were fully reimbursed for your payment by a private insurer.

2. You are in this Class if you are the legal heir of, or the legal successor to, the rights of a Medicare Part B beneficiary who met all three criteria set forth in "1" immediately above but who is now deceased. You need to consult your own lawyer to determine if you are the legal successor to any such rights. Your lawyer will help you determine whether you qualify as a "legal heir" under state laws of intestacy, will, trust, or any other applicable law.

3. You are a member of this Class if: (a) you were a Medicare Part B beneficiary between January 1, 1991 and January 1, 2005, (b) you received one or more of the GSK Covered Drugs during that time period, and (c) incurred a "legal obligation" to pay your doctor or pharmacist a percentage co-payment for one or more of the drugs but did not do so. You may have incurred a "legal obligation" if: (a) your doctor billed either you or your insurer for one or more of the drugs but neither you nor your insurer paid, or (b) you did not pay because your doctor or pharmacist did not bill you, and (c) the time period for bringing a legal claim against you to enforce payment for one or more of the drugs has not already expired under the law.

**IMPORTANT:** *This is not a bill or a collection notice. The Court is not suggesting, requesting or requiring that Medicare Part B beneficiaries who were billed for one or more of the GSK Covered Drugs, but did not pay or were not billed at all, should pay their doctor or pharmacist now; nor is the Court suggesting that they are obligated to do so under the Medicare statute or regulations.*

You are a member of the **Private Payor Class** if:

You paid (or are currently obligated to pay) for any GSK Covered Drug outside of Medicare Part B from January 1, 1991 to August 10, 2006 and

Your payment was (a) for the full amount out-of-pocket, or (b) your payment was a percentage co-payment through private insurance. You're **not** included in the Class if you paid a fixed or flat co-payment. (Medicare Part B enrollees may be in both Classes.)

You are also **not** part of either or both of the Classes if:

(a) You were fully reimbursed for the co-payment you made (for example, your MediGap or other private insurer reimbursed you the full amount); **or**

(b) Your co-payment was a flat amount instead of a percentage of the total charge (for example, your MediGap or other private insurer paid for all of the co-payment except for a flat amount such as \$10 or \$20 that you had to pay). If your co-payment is a set dollar amount and does not differ with the price of the drug, your co-payment is a flat co-payment and not a percentage co-payment and you are not a member of one or more of the Classes.

## **6. How do I know if my co-payment was under Medicare Part B?**

If you are 65 or older, or are younger than 65 but receive social security benefits because of a disability, you are entitled to Medicare benefits. Medicare Part A is the primary coverage for your health care costs when you are admitted as a patient in a hospital, and enrollment is generally automatic at age 65.

Medicare Part B helps to pay primarily for outpatient services such as care given in your doctor's office, outpatient hospital care, and physical therapy. During the relevant time period, Medicare Part B also had a limited drug benefit. For drugs that have been covered under Part B, Medicare paid 80% of the drug cost, and you were responsible for paying the other 20% (which is your co-payment).

Generally, the drugs covered under Medicare Part B are ones that are administered by your doctor, such as cancer treatment drugs and anti-nausea drugs that are given through injections or an IV; but Part B also covers some drugs that are self-administered (ones that you take yourself). Those include some oral anti-cancer drugs in pill form, some pills prescribed to help with nausea or anemia in connection with chemotherapy and drugs provided with some durable medical equipment, such as inhalation drugs used with a nebulizer (a compressed air machine).

Like Part A, Medicare Part B coverage was, during the relevant period, also automatic, but you had the option to decline it. You paid a monthly premium for Medicare Part B coverage (which was typically deducted from your social security check). You can tell if you have been enrolled in Medicare Part B by looking at your Medicare insurance card. It will say if you have been enrolled in Part B.

If you took one of the GSK Covered Drugs when you were an inpatient in the hospital, you did not make a co-payment under Medicare Part B. However, if a GSK Covered Drug was prescribed or administered by your doctor as a part of an outpatient treatment at a clinic, and you are enrolled in Medicare Part B, you may have been billed a co-payment of 20% of the drug cost if Medicare is your primary payer.

For the vast majority of people enrolled in Medicare, Medicare is the primary payer. Medicare is your secondary payer only if: (a) you or your spouse have continued to work after age 65 and have accepted the employer's health care insurance, or (b) you are a disabled person under 65 and have large group health plan coverage through your current job or the job of a family member. Unless either of these situations applies to you, your co-payment for a Covered Drug would have been under Medicare Part B.

## **BENEFITS OF THE PROPOSED SETTLEMENT – WHAT YOU GET**

### **7. What does the Proposed Settlement provide?**

GSK has entered into a Proposed Settlement with the Plaintiffs and has agreed to pay \$70 million to settle these and other related claims. A \$4.5 million payment to certain State Attorneys General, as well as attorneys' fees and the costs of administering the Proposed Settlement, will be deducted from the Settlement Fund before distributions to Class Members.

- 30% of the remaining fund will be distributed in cash to consumer Class Members who paid for all or part of the cost of the drugs and submit a valid claim form.
- 70% of the remaining fund will be set aside to pay the claims of insurer Class Members (sometimes referred to as "Third-Party Payor Class Members" or "TPP Class Members") who have submitted a valid claim and a separate and independent group of TPPs (referred to as the "Independent Settling Health Plans" or "ISHPs") who have agreed to settle their claims against GSK for a portion of the Settlement funds.

The Court must approve the distribution of the Settlement Fund.

### **8. How do I file a claim?**

Attached to this Notice is a claim form. You must fill out the claim form and submit it to the Claims Administrator, postmarked on or before May 28, 2007 and addressed to:

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

As part of your claim, you must attest that you are a Class Member entitled to a Settlement payment for the drugs for which you make a claim (or that you are an heir of a Class Member that is authorized to submit the claim on behalf of a Class Member) and must provide the Claims Administrator with the total amount of your out-of-pocket payments for each Covered Drug for which you are making a claim. In addition, you must provide one proof of payment for each of the Covered Drugs for which you are filing a claim. Proof of payment may be in the form of:



- a written prescription for the drug;
- a receipt, cancelled check, or credit card statement that shows that you have paid for the drug;
- an EOB (explanation of benefits) that shows you made or are obligated to make a percentage co-payment for the drug;
- a letter from your physician stating that he or she prescribed and that you paid or were obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- a notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

The total amount of your out-of-pocket expenses for each drug will be multiplied by the specific "Recognized Claim Percentage" or "RCP" for each drug in order to determine the amount of your claim for that particular drug. The RCP for each GSK Covered Drug may vary.

The RCPs for each drug are listed below:

	Drug Name	Dosages	Recognized Claim Percentage
<b>GSK Category A Drugs</b>	<b>Kytril Injection (granisetron HCL)</b>	<u>Injection:</u> 1mg/ml	<b>50%</b>
	<b>Zofran Injection (ondansetron HCL)</b>	<u>Injection:</u> 2mg/ml <u>Injection (Pre-mixed):</u> 32mg/50ml; 4mg/50ml	<b>50%</b>
<b>GSK Category B Drugs</b>	<b>Alkeran (melphalan)</b>	<u>Injection:</u> 50mg <u>Tablets:</u> 2mg	<b>5%</b>
	<b>Imitrex (sumatriptan)</b>	<u>Injection:</u> 12mg/1ml (6mg/0.5ml)	<b>5%</b>
	<b>Kytril Tablets (granisetron HCL)</b>	<u>Tablets:</u> 1mg	<b>5%</b>
	<b>Lanoxin (digoxin)</b>	<u>Injection:</u> 0.5mg/2ml; 0.1mg/ml	<b>5%</b>
	<b>Myleran (busulfan)</b>	<u>Tablets:</u> 2mg	<b>5%</b>
	<b>Navelbine (vinorelbine tartrate)</b>	<u>Injection:</u> 10mg/ml; 50mg/5ml	<b>5%</b>
	<b>Retrovir (zidovudine)</b>	<u>IV Infusion:</u> 10mg/ml	<b>5%</b>
	<b>Ventolin (albuterol)</b>	<u>Inhalation:</u> 0.083% 3ml; 0.5% 5mg/ml	<b>5%</b>
	<b>Zofran Orals (ondansetron HCL)</b>	<u>Tablets:</u> 4mg; 8mg; 24mg <u>Solution:</u> 4mg/5ml <u>ODT:</u> 4mg; 8mg	<b>5%</b>
	<b>Zovirax (acyclovir)</b>	<u>Powder for Injection:</u> 500mg; 1000mg	<b>5%</b>
	<b>Zantac (ranitidine HCL)</b>	<u>Injection:</u> 25mg/ml <u>Injection (Pre-mixed):</u> 50mg/50ml; 50mg/100ml	<b>5%</b>

## REMAINING IN THE CLASSES

### 9. What am I giving up if I do nothing and stay in either or both of the Classes?

If you do nothing, you will be included in either or both Classes. You will be bound by the terms and conditions of the Proposed Settlement. You will not be able to pursue any other lawsuit against GSK concerning the claims alleged in this lawsuit. If the Proposed Settlement is approved, Plaintiffs claims against GSK will be "released."

The Proposed Settlement provides that the claims against GSK as set forth in the lawsuit will be released and members of the Classes will never be able to file a lawsuit for any claim related to this lawsuit. All Class Members agree that they will not seek to file a claim against any GSK Releasee based, in whole or in part, on any of the claims in the lawsuit.

In addition, once the Settlement Agreement is approved, each Class Member expressly agrees to release any and all provisions, rights and benefits provided by § 1542 of the California Civil Code, which reads:

Section 1542. General Release; extent. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

Class Members also expressly agree to release any and all provisions, rights and benefits provided by any law or any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to § 1542 of the California Civil Code.

Class Members agree to forever release all claims even if they later discover new facts regarding the claims in the lawsuit. This includes any claims related to the subject matter of the lawsuit whether known or unknown, suspected or unsuspected, contingent or non-contingent. All claims related to the subject matter of the lawsuit will be released forever, whether or not the facts were concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

Each Class Member also expressly agrees to release any and all Released Class Claims it may have against Defendants under § 17200, *et seq.*, of the California Business and Professions Code. This includes claims relating to any drug price published by any commercial price reporting service, or provided by any GSK Releasee to any such commercial price reporting service (including, but not limited to, AWP, SLP, WAC, NWP, WPP and Direct Price). Each Class Member also expressly agrees to forever release any claims regarding any marketing activity relating to any such price, such as any reference to the difference between (1) a price paid and (2) any reported price or reimbursement rate based on such a reported price, arising from the facts alleged in the MDL No. 1456 Complaints concerning the GSK Covered Drugs.

## EXCLUDING YOURSELF FROM THE PROPOSED SETTLEMENT CLASSES

### 10. What do I do if I don't want to be in the Proposed Settlement?

If you don't want to be in either or both of the Classes and you want to keep the right to sue GSK about the same claims on your own, you must take steps to get out of the Classes. This is called excluding yourself. By excluding yourself, you keep the right to file your own lawsuit or join another lawsuit against GSK about the claims in this lawsuit. If you exclude yourself from the Classes, you will not be able to file a claim for money or benefits and you will not be in the Proposed Settlement.

### 11. How do I exclude myself from the Classes?

To exclude yourself from either or both of the Classes, you can (a) fill out and mail the attached opt-out form or (b) send a letter signed by you that includes all of the following:

- Your name, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;



- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; *and*
- A statement that you want to be excluded from either or both of the Classes, specifying which class you seek to exclude yourself from.

Your exclusion letter must be mailed first class, **received no later than May 27, 2007** to:

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

Please remember that you can't exclude yourself by phone or by sending an email.

## COMMENTING ON THE PROPOSED SETTLEMENT

### 12. Can I object to or comment on the Proposed Settlement?

If you have comments about, or disagree with, any aspect of the Proposed Settlement, including the requested attorneys' fees or the expense reimbursement plan, you may express your views to the Court through a written response to the Proposed Settlement. The written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be received on or before **June 22, 2007** by:

Clerk of the Court  
John Joseph Moakley U.S.  
Courthouse  
1 Courthouse Way, Suite 2300  
Boston, Massachusetts 02210

Steve W. Berman  
Hagens Berman Sobol Shapiro LLP  
1301 Fifth Avenue, Suite 2900  
Seattle, WA 98101  
*Counsel for Nationwide AWP Payor Classes*

Frederick G. Herold  
Dechert LLP  
1117 California Avenue  
Palo Alto, CA 94304  
*Counsel for GlaxoSmithKline*

In addition, your document must clearly state that it relates to the following Civil Action Number:  
01-CV-12257-PBS, MDL No. 1456

### 13. What is the difference between objecting to the Proposed Settlement and excluding myself from the Proposed Settlement?

An objection to the Proposed Settlement is made when you wish to remain a Class Member and be subject to the Proposed Settlement, but disagree with some aspect of the Proposed Settlement. An objection allows your views to be heard in Court. In contrast, exclusion means that you no longer are a Class Member and ultimately do not want to be subject to the Proposed Settlement's terms and conditions. Once excluded, you lose any right to object to the Proposed Settlement or to the attorneys' fees because the case no longer affects you.

## THE LAWYERS REPRESENTING YOU

### 14. Do I have a lawyer representing my interests in this case?

Yes. The Court has appointed the following law firms to represent you and other Class Members:

Hagens Berman Sobol Shapiro LLP  
[www.hagens-berman.com](http://www.hagens-berman.com)  
1301 Fifth Avenue, Suite 2900  
Seattle, WA 98101

Spector Roseman & Kodroff, PC  
[www.srk-law.com](http://www.srk-law.com)  
1818 Market Street, Suite 2500  
Philadelphia, PA 19103

*and*

One Main Street, 4<sup>th</sup> Floor  
Cambridge, MA 02142

Marc H. Edelson  
Edelson & Associates LLC  
45 West Court Street  
Doylestown, PA 18901

Wexler Toriseva Wallace LLP  
[www.wtwlaw.us](http://www.wtwlaw.us)  
One North LaSalle Street, Suite 2000  
Chicago, IL 60602

The Haviland Law Firm, LLC  
[www.HavilandLaw.com](http://www.HavilandLaw.com)  
740 S. Third Street  
Third Floor  
Philadelphia, PA 19147

These lawyers are called Class Counsel. You won't be charged personally for these lawyers, but they will ask the Court to award them a fee to be paid out of the Settlement Fund. More information about Class Counsel and their experience is available at the websites listed above.

**15. How will the lawyers be compensated?**

Class Counsel will request that the Court award attorneys' fees not to exceed thirty-three and a third percent (33.33%) of the Settlement Fund, plus reimbursement of expenses. The Court, at its own discretion, may award more or less than these requested amounts without further notice to the Class Members. Again, if you choose to hire your own attorney, you will be responsible for that attorney's fees and expenses.

**16. Should I get my own lawyer?**

You don't need to hire your own lawyer. If you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance (*see* Question 20 to find out how to submit a Notice of Appearance). If you hire a lawyer to appear for you in the lawsuit, you will have to make your own arrangement for that lawyer's compensation.

**17. Payments to Class Representatives**

The Court may award payments to the individuals and entities who served as Class Representatives in this case, and any such payments will come out of the Settlement Fund. The lawyers for the Class will request the Court to award a total of \$25,000 as payments to Consumer Class representatives in this case and \$100,000 as payments to TPP Class representatives in this case.

**THE COURT'S FINAL APPROVAL HEARING**

**18. When and where will the Court decide on whether to grant final approval of the Proposed Settlement?**

The Court will hold a Final Approval Hearing on July 19, 2007 at 2:00 p.m. to consider whether the Proposed Settlement is fair, reasonable, and adequate. At the Hearing, the Court will decide whether to approve the Proposed Settlement and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The hearings may be postponed to a different date without additional notice. Updated information will be posted on the GSK Proposed Settlement website at [www.GSKSettlement.com](http://www.GSKSettlement.com).

**19. Must I attend the Final Approval Hearing?**

Attendance is not required, even if you properly mailed a written response. Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was received before the deadline, the Court will consider it.

## 20. May I speak at the Final Approval Hearing?

If you want your own lawyer instead of Class Counsel to speak at the Final Approval Hearing, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Final Approval Hearing. It also must include your name, address, telephone number, and signature. Your Notice of Appearance **must** be received no later than **June 22, 2007**. You cannot speak at the Final Approval Hearing if you asked to be excluded from the Proposed Settlement Class.

The Notice of Appearance must be filed with the Court and Counsel at the following addresses:

Clerk of the Court	Steve W. Berman	Frederick G. Herold
John Joseph Moakley U.S.	Hagens Berman Sobol Shapiro LLP	Dechert LLP
Courthouse	1301 Fifth Avenue, Suite 2900	1117 California Avenue
1 Courthouse Way, Suite 2300	Seattle, WA 98101	Palo Alto, CA 94304
Boston, Massachusetts 02210	<i>Counsel for Nationwide AWP Payor Classes</i>	<i>Counsel for GlaxoSmithKline</i>

The Notice of Appearance must be filed using the following Civil Action Number:  
01-CV-12257-PBS, MDL No. 1456

## GETTING MORE INFORMATION

### 21. Where do I obtain more information?

More details are in the Complaint filed by Class Counsel, and the other legal documents that have been filed with the Court in this lawsuit. You can look at and copy these legal documents at any time during regular office hours at the Office of the Clerk of the Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210 or by visiting [www.GSKSettlement.com](http://www.GSKSettlement.com).

In addition, if you have any questions about the lawsuit or this Notice, you may:

- Visit the GSK Proposed Settlement website at:  
[www.GSKSettlement.com](http://www.GSKSettlement.com)
- Call toll free:  
1-888-568-7645 (hearing impaired call 1-561-253-7732)
- Write to:  
GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
PO Box 24743  
West Palm Beach, FL 33416

DATED: November 15, 2006

By Order of the United States District Court  
District of Massachusetts  
/s/ The Honorable Judge Patti B. Saris

**Must be Received  
No Later Than  
May 27, 2007**

In re Pharmaceutical Industry Average Wholesale Price Litigation  
Docket No. 01-CV-12257-PBS, MDL No. 1456 – GSK Settlement

For Official Use Only

## **CONSUMER EXCLUSION FORM**

**Only Complete this Form if You DO NOT Want to be Included in Either  
or Both of the GSK Settlement Classes**

***By Completing This Form You Are Excluding Yourself From Either or Both of The GSK  
Settlement Classes and You Will Not Be Included in the Proposed Settlement with GSK  
and You Will Not Be Able to File a Claim For Part of the Settlement Fund.***

Please check the box(es) indicating which of the Classes you wish to exclude yourself from:

- ☐ *Both Classes: (Medicare Co-Payment Class and Private Payor Class)*  
☐ *Medicare Co-Payment Class only*  
☐ *Private Payor Class only*

I would like to be excluded from the Class(es) indicated above. I understand that by doing so I am excluding myself from either or both of the Classes and that as a result I will not be included in the Proposed Settlement as a member of the Class(es) from which I am excluding myself. I understand that I will not be able to file a claim for a part of the Settlement Fund as a member of the Class(es) from which I am excluding myself.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**Exclusion must be received no later than May 27, 2007**

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

**Must be  
Postmarked  
On or Before  
May 28, 2007**



*In re Pharmaceutical Industry Average Wholesale Price Litigation*  
Docket No. 01-CV-12257-PBS, MDL No. 1456 – GSK Settlement

For Official Use Only

## **CONSUMER CLAIM FORM**



### **I'd Like a Payment from the GSK Settlement Fund.**

If you would like to submit a claim for part of the Settlement Fund, complete this form and mail it to the address below, along with one proof of payment for each drug (see Section D below). You may be asked for more information at a later time.

Your claim must be postmarked on or before May 28, 2007.

It should be mailed to:

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

### **Section A – Claimant Identification**

Please indicate whether you are claiming on your own behalf as a Class Member or on behalf of someone else who is a Class Member:

☐

I am a Class Member

☐

I am an heir of a Class Member and am filing on behalf of the Class Member

If you are an heir filing on behalf of a Class Member, please indicate the Class Member's name and your relationship to the Class Member in the space provided below:

---



---

### **Section B – Contact Information for the Person Completing this Form**

*Name*

---

*Street Address*

*Apartment*

---

*City*

*State*

*Zip Code*

---

**Section C – Purchase Information**

In the chart below, please provide the **total amount** paid (not monthly) by the Class Member, or the amount the Class Member is obligated to pay, for each of the GSK Covered Drugs listed below, during the Class Period listed at the top of the column. Please place the **total amount** (not monthly) of the payment under the column that corresponds to the Class to which the Class Member belongs. A Class Member may have payments in just one of the Classes or both. For the difference between the two Classes, please consult the Notice.

**Do not include flat co-payments.**

	<u><b>Drug Name</b></u>	<u><b>Medicare Part B Class</b></u> <b>January 1, 1991 – January 1, 2005</b>	<u><b>Private Payor Class</b></u> <b>January 1, 1991 – August 10, 2006</b>
<b>GSK Category A Drugs</b>	<b>Kytril Injection (granisetron HCL)</b>	\$	\$
	<b>Zofran Injection (ondansetron HCL)</b>	\$	\$
<b>GSK Category B Drugs</b>	<b>Alkeran (melphalan)</b>	\$	\$
	<b>Imitrex (sumatriptan)</b>	\$	\$
	<b>Kytril Tablets (granisetron HCL)</b>	\$	\$
	<b>Lanoxin (digoxin)</b>	\$	\$
	<b>Myleran (busulfan)</b>	\$	\$
	<b>Navelbine (vinorelbine tartrate)</b>	\$	\$
	<b>Retrovir (zidovudine)</b>	\$	\$
	<b>Ventolin (albuterol)</b>	\$	\$
	<b>Zofran Orals (ondansetron HCL)</b>	\$	\$
	<b>Zovirax (acyclovir)</b>	\$	\$
	<b>Zantac (ranitidine HCL)</b>	\$	\$

---

### **Section D – Proof of Payment**

For each of the drugs for which you have provided a purchase amount in the table in Section C above, you must provide one (1) proof of payment.

Proof of payment may be in the form of any of the following:

- (1) a written prescription for the drug;
- (2) a receipt, cancelled check, or credit card statement that shows that you or the Class Member have paid for the drug;
- (3) an EOB (explanation of benefits) that shows you or the Class Member made or are obligated to make a percentage co-payment for the drug;
- (4) a letter from your or the Class Member's physician stating that he or she prescribed and that the Class Member paid or is obligated to pay a percentage co-payment for the drug at least once and setting forth the amount of the co-payment; or
- (5) a notarized statement signed by you or the Class Member indicating you or the Class Member paid or are obligated to pay a percentage co-payment for the drug between January 1, 1991 through August 10, 2006, including the total of all percentage co-payments for the drug during that time period.

---

### **Section E – Claimant Signature**

**I declare that the information provided here is correct. If not submitting this for myself, I declare that I am authorized to submit this form on behalf of the Class Member identified above.**

---

*Signature*

---

*Date*

---

*Print Name*

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

**IMPORTANT COURT DOCUMENTS**



## Exhibit 2

**UNITED STATES DISTRICT COURT – DISTRICT OF MASSACHUSETTS**

**If You Are a Third-Party Payor and Made Reimbursements for the GSK Drugs:**

**Kytril Injectable** (Granisetron HCL)  
**Zofran Injectable** (Ondansetron HCL)

**or**

Alkeran (Melphalan)  
Kytril Tablets (Granisetron HCL)  
Myleran (Busulfan)  
Retrovir (Zidovudine)  
Zofran Orals (Ondansetron HCL)  
Zantac (Ranitidine HCL)

Imitrex (Sumatriptan)  
Lanoxin (Digoxin)  
Navelbine (Vinorelbine Tartrate)  
Ventolin (Albuterol)  
Zovirax (Acyclovir) or

**A Proposed Class Action Settlement May Affect Your Rights.**

*The District Court has authorized this Notice. It is not a solicitation from a lawyer.*

*You are not being sued.*

- There is a Proposed Settlement with SmithKline Beecham Corporation, doing business as GlaxoSmithKline (“GSK”), one of the Defendants in a class action lawsuit pending in the U.S. District Court for the District of Massachusetts. The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.
- The lawsuit claims that certain drug companies reported false and inflated average wholesale prices (“AWP”) for certain types of outpatient drugs. The reported AWP’s are used to set prescription drug prices that are paid by Medicare, consumers and insurers. The lawsuit asks the Court to award money damages to some people who paid or made co-payments for the drug.
- GSK has entered into a Proposed Settlement with the Plaintiffs and has agreed to pay \$70 million to settle their claims and other related claims. After payment to certain State Attorneys General of \$4.5 million, and after deducting attorneys’ fees and costs of administering the Proposed Settlement, 70% of the net fund will be distributed in cash to Third-Party Payors (TPPs), including TPP Class Members and a group of Independent Settling Health Plans who have agreed to settle, who paid for all or part of the cost of the GSK Covered Drugs listed above and who submit valid claims.
- The GSK Covered Drugs fall into two categories, as follows: The “Category A” Drugs, namely **Kytril Injectables** and **Zofran Injectables**, and the “Category B” Drugs, namely **Alkeran, Imitrex, Kytril (tablets), Lanoxin, Myleran, Navelbine, Retrovir, Ventolin, Zofran (orals), Zovirax and Zantac**. A complete list of the GSK Covered Drugs, by National Drug Code number and J-Code is attached hereto, on page 10 of this Notice, as Attachment 1.
- There are two sub-Classes for TPPs who paid for the GSK Covered Drugs.

You are a member of **MediGap TPP Class** if you:

Made reimbursements for all or part of your insured’s 20% co-payment under Medicare Part B for a Covered

Drug between January 1, 1991 and January 1, 2005.

You are a member of the **Private Payor TPP Class** if you:

Reimbursed for a GSK Covered Drug outside of Medicare Part B based on a contract that used AWP as a reimbursement standard between January 1, 1991 and August 10, 2006.

**TPPs may be a member of either or both of the Classes.** As discussed below, certain entities are excluded from the classes.

The Court will be asked to decide whether to order final approval of the Proposed Settlement in this case.

## A Summary of Your Rights and Choices:

*Your Legal Rights Are Affected Even If You Do Not Act. Read This Notice Carefully.*

You May:		Due Date:
<b>Remain in the Classes &amp; File a Claim</b>	<p><b><i>Stay in the lawsuit and file a claim.</i></b></p> <p>If you wish to stay in one or both of the Classes and file a claim, you must do so in writing by the date listed. Whether or not you file a claim, if you don't exclude yourself you will not be able to sue GSK for the claims in this lawsuit and you will also be bound by the Court's decisions. <b>See Questions 8 and 9.</b></p>	<p><b><u>Postmarked on or before May 28, 2007</u></b></p>
<b>Exclude Yourself</b>	<p><b><i>Get out of the Classes.</i></b></p> <p>You can write and ask to get out of either or both of the Classes and keep your right to sue GSK on your own about the claims in the lawsuit. <b>See Questions 10 and 11.</b></p>	<p><b><u>Received no later than May 27, 2007</u></b></p>
<b>Object to the Proposed Settlement</b>	<p><b><i>Object or comment on the Proposed Settlement.</i></b></p> <p>If you don't exclude yourself, you can appear and speak in the lawsuit on your own or through your own lawyer to object or comment on the Proposed Settlement. (Class Counsel has been appointed to represent you.) <b>See Questions 12 and 13.</b></p>	<p><b><u>Postmarked on or before June 22, 2007</u></b></p>

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**ATTACHMENT 1 ..... 10****BASIC INFORMATION****1. Why did I get this Notice?**

You received this Notice because you are a TPP that may have made reimbursements for the GSK Covered Drugs between January 1, 1991 and August 10, 2006. You may also have requested this Notice after seeing the Summary Notice in a publication.

This Notice explains:

- What the lawsuit and Proposed Settlement are about.
- What the lawsuits claim and what GSK says about the claims.
- Who is affected by the Proposed Settlement.
- Who represents the Class in the lawsuit.
- What your legal rights and choices are.
- How to file a claim.
- How and by when you need to act.

**2. What is the lawsuit about?**

Plaintiffs allege that Defendant drug companies either report the average wholesale price ("AWP") of each drug they make to trade publications or provide those publications with information from which the publications calculate an AWP for each of Defendants' drugs. The published AWP of a drug has been used to set the price that consumers who made Medicare Part B co-payments and Medicare paid for the drug. The published AWP is also often used by insurance companies to determine what they will reimburse doctors or pharmacies for these drugs. The lawsuits claim, among other things, that Third-Party Payors ("TPPs") who made reimbursements for drugs covered by Medicare Part B (e.g., through "MediGap" supplemental insurance policies) and TPPs who made reimbursements for such drugs based on a contract using AWP as a reimbursement standard paid more than they should have paid for the drugs at issue because drug companies, including GSK, intentionally reported false and inflated AWP's concerning the drugs at issue.

GSK denies any wrongdoing. The Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. GSK has entered into the Proposed Settlement solely to avoid further expense, inconvenience, and the burden of these litigations and any other present or future litigation arising out of the facts that allegedly gave rise to these litigations. GSK also wishes to avoid the distractions and diversion of their personnel and resources, and thereby to put to rest this controversy and to avoid the risks inherent in uncertain complex litigation.

### 3. Why is this a class action?

The Court has found that class action treatment is the superior method for the fair and efficient settling of this litigation. In a class action lawsuit, one or more people or entities called “class representatives” sue on behalf of people or entities who have similar claims. The people and entities together are a “class” or “class members.” A court must determine if it will allow the lawsuit to proceed as a class action. If it does, a trial of the claims then decides the lawsuit for everyone in the class, or the Parties may settle without a trial. The Parties here have agreed to, and the Court has preliminarily approved, a settlement that includes two national classes of TPPs who reimbursed for GSK Covered Drugs. You could be a member of one or both of these Classes.

### 4. Who qualifies as a Third-Party Payor?

A TPP is an entity that is:

- (a) A party to a contract, issuer of a policy, or sponsor of a plan, *and*
- (b) At risk, under such contract, policy, or plan, to pay or reimburse all or part of the cost of prescription drugs dispensed to covered natural persons.

TPPs include insurance companies, union health and welfare benefit plans and self-insured employers. Entities with self-funded plans that contract with a health insurance company or other entity to serve as a third-party claims administrator to administer their prescription drug benefits can qualify as TPPs. Third-party claim administrators may also file a claim on behalf of a self-funded plan if the third-party claim administrator has legal authority and authorization from the self-funded plan to do so. A non-Medicaid state or local government entity that made AWP-based prescription drug payments as part of a health benefit plan for their employees also qualifies as a TPP under the Proposed Settlement, but only with respect to such AWP-based payments.

### 5. Why is there a Proposed Settlement?

A settlement is the resulting agreement between a plaintiff and defendant following extended negotiation in a case set for trial. Settlements conclude litigation but are not a result of the court ruling in favor of either the plaintiff or defendant. The settlement enables both parties to avoid the cost and risk of a trial, and ultimately establish a just, fair and final resolution that is best for all involved. The class representatives and their attorneys make the final determination that the settlement is the best result for all class members. The Court will then review the terms of the proposed settlement and hold a hearing on the fairness and adequacy of the settlement to the class. If the Court approves the settlement, then the defendants are released from any liability based upon the alleged illegal behavior forming the basis of the complaint.

### 6. How do I know if I am included in the Proposed Settlement?

Unless you exclude yourself as described in Question 11 of this Notice, you will be included in the Proposed Settlement if you are a member of one or both of the Classes described below:

You are a member of the **MediGap TPP Class** if you:

Made reimbursements for all or part of your insured's 20% co-payment under Medicare Part B for a Covered Drug between January 1, 1991 and January 1, 2005.

You are a member of the **Private Payor TPP Class** if you:

Reimbursed for a GSK Covered Drug outside of Medicare Part B based on a contract that uses AWP as a reimbursement benchmark between January 1, 1991 and August 10, 2006.

Excluded by definition from the MediGap TPP Class and the Private Payor TPP Class are: (1) the United States government and its agencies and departments, and all other governmental entities that made payments pursuant to any state's Medicaid program; (2) the Independent Settling Health Plans (ISHPs), as defined in Paragraph 2(w) of the Settlement Agreement; and (3) all federal, state or local governmental entities, *except for* the following, which are *not* excluded from the MediGap TPP or Private Payor TPP Classes: (a) non-Medicaid state or local government entities that made AWP-based prescription drug payments as part of a health benefit plan for their employees, but only with respect to such payments, and (b) other non-Medicaid state government agencies or programs of the Participating States and of the Additional Participating States (as defined in the Settlement Agreement), if any, *except that* such agencies and programs in New York and Connecticut *are* excluded.

## BENEFITS OF THE PROPOSED SETTLEMENT – WHAT YOU GET

### 7. What does the Proposed Settlement provide?

GSK has entered into a Proposed Settlement with the Plaintiffs and has agreed to pay \$70 million to settle these and other related claims. A \$4.5 million payment to certain State Attorneys General as well as attorneys' fees and the costs of administering the Proposed Settlement will be deducted from the Settlement Fund before distributions to Class Members.

- 30% of the remaining fund will be distributed in cash to consumer Class Members who paid for all or part of the cost of the drugs and submit a valid claim form.
- 70% of the remaining fund will be set aside to pay the claims of insurer Class Members (sometimes referred to as "Third-Party Payor Class Members" or "TPP Class Members") who have submitted a valid claim and a separate and independent group of TPPs (referred to as the "Independent Settling Health Plans" or "ISHPs") who have agreed to settle their claims against GSK for a portion of the Settlement funds.

The Court must approve the distribution of the Settlement Fund.

### 8. How does a TPP Class Member file a claim?

Attached to this Notice is a TPP claim form. TPP Class Members must fill out the TPP claim form and submit it to the Claims Administrator, postmarked on or before May 28, 2007, and addressed to:

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

As part of their claim, each TPP Class Member shall be required to certify that they are a TPP Class Member and they have not included claims on behalf of any TPP Class Member that are readily identifiable as having been based on a reimbursement standard other than AWP, and must provide the Claims Administrator with the total amount of their expenditures for each GSK Covered Drug during the period from January 1, 1999 to December 31, 2003. This period is substituted for claims associated with the full Class Period in recognition of the difficulty TPPs have in accessing claims data that is older and likely not kept electronically or on current electronic systems. This "proxy period" shall be used to determine the payments made to each TPP Class Member in accordance with the procedures set forth herein.

In order to validate their claim for payment associated with the GSK Covered Drugs for which they seek payment from the Proposed Settlement, TPP Class Members with claimed purchases for all GSK Covered Drugs during the proxy period that exceed \$300,000.00 in total are required to submit electronic claims documentation with their claim. The form and data required to be submitted are delineated in the attached TPP Claim Form. Those TPPs whose claimed purchases for all Covered Drugs are \$300,000.00 or less need **not** submit electronic claims documentation with their claim but must furnish such claims documentation upon request of the Claims Administrator.

The total amount of a TPP Class Member's expenditures for each drug will be multiplied by the specific "Recognized Claim Percentage" or "RCP" for each drug in order to determine the amount of the TPP's recognized claim for that particular drug. The RCP for each GSK Covered Drug varies. TPP Class Members do not need to multiply their expenditures by the RCP, that will be done by the Claims Administrator.

The RCPs for each GSK Covered Drug are listed below:

	Drug Name	Dosages	Recognized Claim Percentage
<b>GSK Category A Drugs</b>	<b>Kytril Injection (granisetron HCL)</b>	<u>Injection:</u> 1mg/ml	<b>50%</b>
	<b>Zofran Injection (ondansetron HCL)</b>	<u>Injection:</u> 2mg/ml <u>Injection (Pre-mixed):</u> 32mg/50ml; 4mg/50ml	<b>50%</b>

	Drug Name	Dosages	Recognized Claim Percentage
<b>GSK Category B Drugs</b>	<b>Alkeran (melphalan)</b>	<u>Injection:</u> 50mg <u>Tablets:</u> 2mg	<b>5%</b>
	<b>Imitrex (sumatriptan)</b>	<u>Injection:</u> 12mg/1ml (6mg/0.5ml)	<b>5%</b>
	<b>Kytril Tablets (granisetron HCL)</b>	<u>Tablets:</u> 1mg	<b>5%</b>
	<b>Lanoxin (digoxin)</b>	<u>Injection:</u> 0.5mg/2ml; 0.1mg/ml	<b>5%</b>
	<b>Myleran (busulfan)</b>	<u>Tablets:</u> 2mg	<b>5%</b>
	<b>Navelbine (vinorelbine tartrate)</b>	<u>Injection:</u> 10mg/ml; 50mg/5ml	<b>5%</b>
	<b>Retrovir (zidovudine)</b>	<u>IV Infusion:</u> 10mg/ml	<b>5%</b>
	<b>Ventolin (albuterol)</b>	<u>Inhalation:</u> 0.083% 3ml; 0.5% 5mg/ml	<b>5%</b>
	<b>Zofran Orals (ondansetron HCL)</b>	<u>Tablets:</u> 4mg; 8mg; 24mg <u>Solution:</u> 4mg/5ml <u>ODT:</u> 4mg; 8mg	<b>5%</b>
	<b>Zovirax (acyclovir)</b>	<u>Powder for Injection:</u> 500mg; 1000mg	<b>5%</b>
	<b>Zantac (ranitidine HCL)</b>	<u>Injection:</u> 25mg/ml <u>Injection (Pre-mixed):</u> 50mg/50ml; 50mg/100ml	<b>5%</b>

### REMAINING IN THE CLASSES

#### 9. What am I giving up if I do nothing and stay in the Classes?

If you do nothing, you will be included in the Classes. You will be bound by the terms and conditions of the Proposed Settlement. You will not be able to pursue any other lawsuit against GSK concerning the claims alleged in this lawsuit. If the Proposed Settlement is approved, Plaintiffs claims against GSK will be “released.”

The Proposed Settlement provides that the claims against GSK as set forth in the lawsuit will be released and members of the Classes will never be able to file a lawsuit for any claim related to this lawsuit. All Class Members agree that they will not seek to file a claim against any GSK Releasee based, in whole or in part, on any of the claims in the lawsuit.

In addition, once the Settlement Agreement is approved, each Class Member expressly agrees to release any and all provisions, rights and benefits provided by § 1542 of the California Civil Code, which reads:

Section 1542. General Release; extent. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

Class Members also expressly agree to release any and all provisions, rights and benefits provided by any law or any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to § 1542 of the California Civil Code.

Class Members agree to forever release all claims even if they later discover new facts regarding the claims in the lawsuit. This includes any claims related to the subject matter of the lawsuit whether known or unknown, suspected or unsuspected, contingent or non-contingent. All claims related to the subject matter of the lawsuit will be released forever



whether or not the facts were concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

Each Class Member also expressly agrees to release any and all Released Class Claims it may have against Defendants under § 17200, *et seq.*, of the California Business and Professions Code. This includes claims relating to any drug price published by any commercial price reporting service, or provided by any GSK Releasee to any such commercial price reporting service (including, but not limited to, AWP, SLP, WAC, NWP, WPP and Direct Price). Each Class Member also expressly agrees to forever release any claims regarding any marketing activity relating to any such price, such as any reference to the difference between (1) a price paid and (2) any reported price or reimbursement rate based on such a reported price, arising from the facts alleged in the MDL Complaints concerning the GSK Covered Drugs.

## EXCLUDING YOURSELF FROM THE PROPOSED SETTLEMENT CLASSES

### 10. What do I do if I don't want to be in the Proposed Settlement?

If you don't want to be in either or both of the Classes and you want to keep the right to sue GSK about the same claims on your own, you must take steps to get out of the Classes. This is called excluding yourself. By excluding yourself, you keep the right to file your own lawsuit or join another lawsuit against GSK about the claims in this lawsuit. If you exclude yourself from the Classes, you will not be able to file a claim for money or benefits and you will not be in the Proposed Settlement.

### 11. How do I exclude myself from the Classes?

To exclude yourself from one or more of the Classes, you must send a letter signed by you that includes all of the following:

- Your name, organization, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;
- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; *and*
- A statement that you want to be excluded from either or both of the Classes, specifying which class you seek to exclude yourself from.

Your exclusion letter must be mailed first class, **received no later than May 27, 2007**, to:

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

Please remember that you can't exclude yourself by phone or by sending an email.

## COMMENTING ON THE PROPOSED SETTLEMENT

### 12. Can I object to or comment on the Proposed Settlement?

If you have comments about, or disagree with, any aspect of the Proposed Settlement, including the requested attorneys' fees or the expense reimbursement plan, you may express your views to the Court through a written response to the Proposed Settlement. The written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be received on or before **June 22, 2007** and mailed to:

Clerk of the Court  
John Joseph Moakley U.S.  
Courthouse  
1 Courthouse Way, Suite 2300  
Boston, Massachusetts 02210

Steve W. Berman  
Hagens Berman Sobol Shapiro LLP  
1301 Fifth Avenue, Suite 2900  
Seattle, WA 98101  
*Counsel for Nationwide AWP Payor Classes*

Frederick G. Herold  
Dechert LLP  
1117 California Avenue  
Palo Alto, CA 94304  
*Counsel for GlaxoSmithKline*



In addition, your document must clearly state that it relates to the following Civil Action Number:  
01-CV-12257-PBS, MDL No. 1456

**13. What is the difference between objecting to the Proposed Settlement and excluding myself from the Proposed Settlement?**

An objection to the Proposed Settlement is made when you wish to remain a Class Member and be subject to the Proposed Settlement, but disagree with some aspect of the Proposed Settlement. An objection allows your views to be heard in Court. In contrast, exclusion means that you no longer are a Class Member and ultimately do not want to be subject to the Proposed Settlement's terms and conditions. Once excluded, you lose any right to object to the Proposed Settlement or to the attorneys' fees because the case no longer affects you.

**THE LAWYERS REPRESENTING YOU**

**14. Do I have a lawyer representing my interests in this case?**

Yes. The Court has appointed the following law firms to represent you and other Class Members:

Hagens Berman Sobol Shapiro LLP  
[www.hagens-berman.com](http://www.hagens-berman.com)  
1301 Fifth Avenue, Suite 2900  
Seattle, WA 98101

*and*

One Main Street, 4<sup>th</sup> Floor  
Cambridge, MA 02142

Marc H. Edelson  
Edelson & Associates LLC  
45 West Court Street  
Doylestown, PA 18901

Spector Roseman & Kodroff, PC  
[www.srk-law.com](http://www.srk-law.com)  
1818 Market Street, Suite 2500  
Philadelphia, PA 19103

Wexler Toriseva Wallace LLP  
[www.wtwlaw.us](http://www.wtwlaw.us)  
One North LaSalle Street, Suite 2000  
Chicago, IL 60602

The Haviland Law Firm, LLC  
[www.HavilandLaw.com](http://www.HavilandLaw.com)  
740 S. Third Street  
Third Floor  
Philadelphia, PA 19147

These lawyers are called Class Counsel. You won't be charged personally for these lawyers, but they will ask the Court to award them a fee to be paid out of the Settlement Fund. More information about Class Counsel and their experience is available at the websites listed above.

**15. How will the lawyers be compensated?**

Class Counsel will request that the Court award attorneys' fees not to exceed thirty-three and a third percent (33.33%) of the Proposed Settlement Fund, plus reimbursement of expenses. The Court, at its own discretion, may award more or less than these requested amounts without further notice to the Class Members. Again, if you choose to hire your own attorney, you will be responsible for that attorney's fees and expenses.

**16. Should I get my own lawyer?**

You don't need to hire your own lawyer, but if you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance (*see* Question 20 to find out how to submit a Notice of Appearance). If you hire a lawyer to appear for you in the lawsuit, you will have to make your own arrangement for that lawyer's compensation.

**17. Payments to Class Representatives**

The Court may award payments to the individuals and entities who served as Class Representatives in this case, and any such payments will come out of the class Settlement Fund. The lawyers for the Class will request the Court to award a total of \$100,000 as payments to TPP Class representatives in this case and \$25,000 as payments to Consumer Class representatives in this case.

## THE COURT'S FINAL APPROVAL HEARING

### 18. When and where will the Court decide on whether to grant final approval of the Proposed Settlement?

The Court will hold a Final Approval Hearing on July 19, 2007 at 2:00 p.m. at the U.S. Courthouse in Boston, Massachusetts (address below) to consider whether the Proposed Settlement is fair, reasonable, and adequate. At the Hearing, the Court will decide whether to approve the Proposed Settlement and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The hearings may be postponed to a different date without additional notice. Updated information will be posted on the GSK Proposed Settlement website at [www.GSKSettlement.com](http://www.GSKSettlement.com).

### 19. Must I attend the Final Approval Hearing?

Attendance is not required, even if you properly mailed a written response. Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was received before the deadline, the Court will consider it.

### 20. May I speak at the Final Approval Hearing?

If you want your own lawyer instead of Class Counsel to speak at the Final Approval Hearing, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Fairness Hearing. It also must include your name, organization, address, telephone number, and signature. Your "Notice of Appearance" **must** be received on or before **June 22, 2007**. You cannot speak at the Hearing if you asked to be excluded from the Proposed Settlement Class.

The Notice of Appearance must be filed with the Court and served on Counsel at the following addresses:

Clerk of the Court	Steve W. Berman	Frederick G. Herold
John Joseph Moakley U.S.	Hagens Berman Sobol Shapiro LLP	Dechert LLP
Courthouse	1301 Fifth Avenue, Suite 2900	1117 California Avenue
1 Courthouse Way, Suite 2300	Seattle, WA 98101	Palo Alto, CA 94304
Boston, Massachusetts 02210	<i>Counsel for Nationwide AWP Payor Classes</i>	<i>Counsel for GlaxoSmithKline</i>

The Notice of Appearance must be filed using the following Civil Action Number:

01-CV-12257-PBS, MDL No. 1456

## GETTING MORE INFORMATION

### 21. Where do I obtain more information?

More details are in the Complaint filed by Class Counsel, and the other legal documents that have been filed with the Court in this lawsuit. You can look at and copy these legal documents at any time during regular office hours at the Office of the Clerk of Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210 or by visiting [www.GSKSettlement.com](http://www.GSKSettlement.com).

In addition, if you have any questions about the lawsuit or this Notice, you may:

- Visit the GSK AWP Proposed Settlement website [www.GSKSettlement.com](http://www.GSKSettlement.com)
- Call toll free 1-888-568-7645 (hearing impaired call 1-561-253-7732)
- Write to: GSK AWP Litigation Administrator, c/o Complete Claim Solutions, LLC, P.O. Box 24743, West Palm Beach, FL 33416

DATED: February 7, 2007

By Order of the United States District Court  
District of Massachusetts  
/s/ The Honorable Judge Patti B. Saris

**Attachment 1 -- GSK Covered Drugs and HCPCS Codes**

<b>NDC</b>	<b>Drug</b>	<b>Description</b>	<b>HCPCS Code(s)</b>
<b>GSK Category A Drugs</b>			
00029414901	Kytril	KYTRIL INJ SINGLE DOSE VIAL 1MG/ML	J1625, J1626
00029414975	Kytril	KYTRIL INJ SGL DOSE VIAL 1MG/ML VHA	J1625, J1626
00029415201	Kytril	KYTRIL 1MG/ML INJECTION 4ML VIAL	J1625, J1626
00173044200	Zofran	ZOFRAN INJ 2MG/ML 20ML	J2405
00173044202	Zofran	ZOFRAN INJ 2MG/ML 2ML 5S	J2405
00173046100	Zofran	ZOFRAN INJ PRMXD 32MG/50ML	J2405
00173046200	Zofran	ZOFRAN INJ PRMXD 4MG/50ML	J2405
<b>GSK Category B Drugs</b>			
00173004535	Alkeran	ALKERAN TAB 2MG 50S	J8600
00173013093	Alkeran	ALKERAN I.V. INJ 50 MG	J9245
00173044901	Imitrex	IMITREX INJ 12MG/ML 0.5ML 2S PFLD SRNG	J3030
00173044902	Imitrex	IMITREX INJ 0.5ML 12MG/ML 5S VIALS	J3030
00173044903	Imitrex	IMITREX INJ 12MG/ML 0.5ML2S KIT,SELFDOSE	J3030
00173047800	Imitrex	IMITREX INJ 12MG/ML STAT DOSE RFL 2'S	J3030
00173047900	Imitrex	IMITREX INJ 12MG/ML STAT DOSE KIT	J3030
00029415105	Kytril	KYTRIL 1 MG TABS 20'S SUP	Q0166
00029415139	Kytril	KYTRIL 1MG TABS 2'S	Q0166
00173026010	Lanoxin	LANOXIN INJ 0.5MG	J1160
00173026035	Lanoxin	LANOXIN INJ 0.5MG 2ML 50S	J1160
00173026210	Lanoxin	LANOXIN INJ PEDIATRIC 0.1MG/ML	J1160
00173071325	Myleran	MYLERAN TAB 2MG 25S	J8510
00173065601	Navelbine	NAVELBINE INJ 10MG 1ML	J9390
00173065644	Navelbine	NAVELBINE INJ 50MG 5ML	J9390
00173010793	Retrovir	RETROVIR IV INF 10MG/ML 20ML 10	J3485
00173038558	Ventolin	VENTOLIN SOL INH 0.5% 5MG/ML 20ML	J7618-19, J7620, J7625
00173041900	Ventolin	VENTOLIN NEB SOL INH 0.083% 3ML 25S	J7618-19, J7620, J7625
00173044600	Zofran	ZOFRAN TAB 4MG 30S	Q0179
00173044601	Zofran	ZOFRAN TAB 4MG 100S	Q0179
00173044602	Zofran	ZOFRAN TAB 4MG 100S UD	Q0179
00173044604	Zofran	ZOFRAN TAB 4MG 3S	Q0179
00173044700	Zofran	ZOFRAN TAB 8MG 30S	Q0179
00173044701	Zofran	ZOFRAN TAB 8MG 100S	Q0179
00173044702	Zofran	ZOFRAN TAB 8MG 100S UD	Q0179
00173044704	Zofran	ZOFRAN TAB 8MG 3S	Q0179
00173048900	Zofran	ZOFRAN ORAL SOL 4MG/5ML 50ML	Q0179
00173056900	Zofran	ZOFRAN ODT 4MG 5X2 30S	Q0179
00173057000	Zofran	ZOFRAN ODT 8MG 5X2 30S	Q0179
00173057004	Zofran	ZOFRAN ODT 8MG 5X2 10'S	Q0179
00173068000	Zofran	ZOFRAN TAB 24MG 1S	Q0179
00173095201	Zovirax	ZOVIRAX FOR INJECTION 1000MG 20ML 10S (C	Q4075
00173099501	Zovirax	ZOVIRAX FOR INJECTION 500MG 10ML 10S (C#	Q4075
00173036200	Zantac	ZANTAC INJ 25MG/ML 2ML PFLD SRNG	J2780
00173036238	Zantac	ZANTAC INJ 25MG/ML 2ML 10S	J2780
00173036300	Zantac	ZANTAC INJ 25MG/ML 40ML	J2780
00173036301	Zantac	ZANTAC INJ 25MG/ML 6ML	J2780
00173036339	Zantac	ZANTAC INJ 25MG/ML 10ML	J2780
00173040700	Zantac	ZANTAC INJ PRMXD 50MG/100ML 24S	J2780
00173044100	Zantac	ZANTAC INJ PRMXD 50MG/50ML 24S	J2780

**Must be  
Postmarked  
On or Before  
May 28, 2007**

*In re: Pharmaceutical Industry Average Wholesale Price Litigation*  
Docket No. 01-CV-12257-PBS, MDL No. 1456 – GSK Settlement

For Official Use Only

## **GSK AWP THIRD-PARTY PAYOR CLAIM FORM**

To get a share of the Settlement Fund, you need to complete and sign this Claim Form and mail it postmarked on or before **May 28, 2007** to: GSK AWP Litigation Administrator, c/o Complete Claim Solutions, LLC, P.O. Box 24743, West Palm Beach, FL 33416.

The information you provide will be kept confidential and will be used only for administering this Proposed Settlement. If you have any questions, please call the Claims Administrator at **1-888-568-7645**.

A TPP Class Member or an authorized agent can complete this Claim Form. If both a Class Member and its authorized agent submit a Claim Form, the Claims Administrator will only consider the Class Member's Claim Form. The Claims Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided.

If one or more Class Members has authorized you to submit a Claim Form on its behalf, you must provide the information requested in Section B in addition to the other information requested by this Claim Form. You may submit a separate Claim Form for each Class Member that has duly authorized you to do so, OR you may submit one Claim Form for all such Class Members that have authorized you to do so, as long as you provide the information required (as indicated below) for each Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on your own behalf as a Class Member AND on behalf of one or more Class Members that have authorized you to do so, you should submit one Claim Form for yourself and another Claim Form or Forms for the other Class Member(s). **Do not submit a Claim Form on behalf of any Class Member without specific prior authorization from that Class Member.**

### **SECTION A – CLAIMANT IDENTIFICATION**



Please indicate whether you are claiming on your own behalf as a Class Member or as the authorized agent of one or more Class Members by placing an "X" in the appropriate space below. If you wish to make a claim as a Class Member *and also* as the authorized agent of other Class Members, please complete one Claim Form for your claim as a Class Member and a separate Claim Form for those Class Members for whom you are authorized to submit a claim:

☐ I am the Class Member ☐ I am filing as the authorized agent of a Class Member\*\*

\*\* As Authorized Agent, please check how your relationship with the Class Member is best described:

☐ Third Party Administrator (other than a Pharmacy Benefits Manager)

☐ Pharmacy Benefits Manager

☐ Other (Explain): \_\_\_\_\_



Claim form - 1

**SECTION B – CLASS MEMBER OR AGENT INFORMATION**


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*Class Member's/Authorized Agent's Name*


---

*Street Address*


---

*Floor/Suite*


---

*City*


---

*State*


---

*Zip Code*


---

 ( )  
*Area Code – Telephone Number*


---

 ( )  
*Area Code – Fax Number*


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*Class Member's/Authorized Agent's Tax Identification Number*

If you file as a Class Member, list other names by which you have been known or other Federal Employer Identification Numbers ("FEINs") you have used from January 1, 1991 through August 10, 2006.

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If you are filing as the Class Member, check the term below that best describes your company/entity:

☐

Health Insurance Company/HMO

☐

Self-Insured Employee Health Plan

☐

Self-Insured Union Health &amp; Welfare Fund

☐

Other (Explain): \_\_\_\_\_

**SECTION C – CLAIM BY AUTHORIZED AGENT**

Please list the Federal Employer Identification Number and the name of every Class Member for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this Proof of Claim as necessary). Alternatively, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Claims Administrator to determine what formats are acceptable.

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**SECTION D – TOTAL AMOUNT OF GSK COVERED DRUG PURCHASES**

For each Class Member on whose behalf you are submitting a claim, state the total and final amount paid or reimbursed for each GSK Covered Drug with a date of service or date of fill from January 1, 1999 to December 31, 2003, net of co-pays, deductibles and co-insurance. If you are claiming more than \$300,000, you will need to provide additional information (*See* Section F). If necessary, please duplicate this section so that you use it once for each Class Member on whose behalf you are submitting a claim.

**Current Name of Class Member:** \_\_\_\_\_

	<u><b>Drug Name</b></u>	<u><b>MediGap TPP Class</b></u> <b>January 1, 1999 -</b> <b>December 1, 2003</b>	<u><b>Private Payor TPP Class</b></u> <b>January 1, 1999 -</b> <b>December 1, 2003</b>
<b>GSK Category A Drugs</b>	<b>Kytril Injection (granisetron HCL)</b>	\$	\$
	<b>Zofran Injection (ondansetron HCL)</b>	\$	\$
<b>GSK Category B Drugs</b>	<b>Alkeran (melphalan)</b>	\$	\$
	<b>Imitrex (sumatriptan)</b>	\$	\$
	<b>Kytril Tablets (granisetron HCL)</b>	\$	\$
	<b>Lanoxin (digoxin)</b>	\$	\$
	<b>Myleran (busulfan)</b>	\$	\$
	<b>Navelbine (vinorelbine tartrate)</b>	\$	\$
	<b>Retrovir (zidovudine)</b>	\$	\$
	<b>Ventolin (albuterol)</b>	\$	\$
	<b>Zofran Orals (ondansetron HCL)</b>	\$	\$
	<b>Zovirax (acyclovir)</b>	\$	\$
	<b>Zantac (ranitidine HCL)</b>	\$	\$

*Claimant certifies that the figures are true and accurate and are based upon actual records maintained by or otherwise available to the claimant.*

**SECTION E – JURISDICTION OF THE COURT AND CERTIFICATION**

**Please duplicate this section and submit it for each TPP Class Member on whose behalf you are submitting a claim.**

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form either directly or on behalf of the Class Member or as its Authorized Agent, and, in turn, have been given the authority to submit this Claim Form by each Class Member identified in this Claim Form and in any attachments to it, and to receive on behalf of each such Class Member any and all amounts that may be allocated from the TPP Settlement Pool to such Class Member; (2) Each entity on whose behalf I have submitted a claim is a TPP Class Member, and I have not included claims on behalf of any TPP Class Member that are readily identifiable as having been based on a reimbursement standard other than AWP; (3) the information contained in this Claim Form and any attachments hereto is true and accurate, based on records maintained by or otherwise available to me; (4) I, the Authorized Agent (if any), and the Class Member on whose behalf this Claim Form is submitted, hereby submit to the jurisdiction of the United States District Court for the District of Massachusetts (the "Court") for all purposes associated with this Claim Form and the Proposed Settlement, including resolution of disputes relating to this Claim Form; and (5) in the event that amounts from the TPP Settlement Pool are distributed to the Authorized Agent of a Class Member, and the Class Member later claims that the Authorized Agent did not have the authority to claim and receive such amounts on its behalf, the Authorized Agent, I and/or my employer will hold the Class, Counsel for the Class, Defendants, Counsel for Defendants, and the Claims Administrator harmless with respect to any claims made by said Class Member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Month/Day/Year

The following additional information is to be provided by the Individual that signs and certifies this Claim Form: I am filing this Claim Form as the authorized employee of the following Class Member or Authorized Agent for Class Member:

\_\_\_\_\_  
Name of Individual's Employer

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Area Code – Telephone Number

(\_\_\_\_\_)\_\_\_\_\_  
Area Code – Fax Number

\_\_\_\_\_  
E-mail Address

Mail the completed Claim Form to the address listed on the reverse side, postmarked on or before **May 28, 2007**.



## SECTION F – CLAIM DOCUMENTATION INSTRUCTIONS

If you are claiming less than \$300,000 of total purchases of all GSK Covered Drugs for the 1999-2003 period, you do not need to attach any additional information. However, even if your purchase amount is less than \$300,000, you should retain the information required for claims over \$300,000 because any claim may be audited.

If you are claiming \$300,000 or more of total purchases of all GSK Covered Drugs, you must provide documentation with your Claim Form sufficient to show the amount of purchases of each GSK Covered Drug during the period of January 1, 1999 to December 31, 2003, net of co-pays, deductibles, and/or co-insurance. In addition, inclusion of the following data fields will facilitate the claims review process, and TPP Class Members with claims in excess of \$300,000 are therefore requested to provide it if practicable:

- a. J-Code or NDC Number - The applicable J-Code or NDC Number for each transaction. The applicable J-Codes for each GSK Covered Drug as well as a list of NDC numbers is attached on page 10 of the Notice as Attachment 1.
- b. Patient Identifier - A random encrypted patient identification number for each transaction, which can be used to track claims.
- c. Age - Age information (*i.e.*, the difference between date of birth and date of service or date of fill, rounded down to the nearest year) for each transaction.
- d. Service and/or Fill Date - Service date will often be available for J-Code entries and fill date will be available for NDC entries. If both are available, please include.
- e. Group Number - The group number assigned to each transaction. As part of the auditing process, you may be asked to provide corresponding group name for each group number. Only the Claims Administrator will have access to this information.
- f. Amount Billed - The billed charges or the initial amount billed by the provider or providers before any adjustments.
- g. Units - If available, the units for each transaction should be provided.

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## OTHER INFORMATION

- Finally, each TPP Class Member shall provide a list of all self-funded healthcare plans (“SFP’s”) or other entities for which it is authorized to make a claim, including the identity of each entity on whose behalf the TPP Class Member is authorized to act by name and by the Federal Employer Identification Number assigned to such entity by the United States Internal Revenue Service, if the TPP Class Member has this information.

- All information you provide is subject to the protective order governing this action.

Please contact the Claims Administrator at 1-888-568-7645 with any questions about the required claims data.

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***Mail the completed Claim Form, postmarked on or before May 28, 2007, to:***

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416.



GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

**IMPORTANT COURT DOCUMENTS**

**Attention – President/CEO, Fund Administrator or Legal Department**

## Exhibit 3



**GSK AWP Litigation Administrator**  
**c/o Complete Claim Solutions, LLC**  
**P.O. Box 24743**  
**West Palm Beach, FL 33416**  
**Toll-free telephone: 1-888-568-7645**

May 7, 2007

**VIA UNITED STATES MAIL**

To: United States Third-Party Payors

Re: **In re: Pharmaceutical Industry Average Wholesale Price Litigation**  
**Docket No. 01-CV-12257-PBS, MDL 1456**  
**Amended GSK AWP Third-Party Payor Claim Form**

Dear Sir/Madam:

Enclosed with this packet, you will find an amended GSK AWP Third-Party Payor Claim Form. While this packet looks very similar to the one you previously received, it corrects an error in the original Claim Form that will assist the Third-Party Payor Litigation Administrator, Complete Claim Solutions, LLC ("CCS"), in processing your claim.

The chart under Section D of the GSK AWP Third-Party Payor Claim Form has been amended to list the correct "Claim Period" (January 1, 1999 – December 31, 2003). We also want to clarify that you should only submit purchases made from January 1, 1999 through December 31, 2003 (the "Claim Period") and not the longer "Class Period." The purchases submitted for the Claim Period will be used to determine each class member's share of the settlement.

If you have any questions or would like to obtain more information concerning the settlement, visit the official website, [www.GSKSettlement.com](http://www.GSKSettlement.com), or call toll-free 1-888-568-7645.

Thank you.

Sincerely,

Litigation Administrator

**Must be  
Postmarked  
On or Before  
May 28, 2007**

*In re: Pharmaceutical Industry Average Wholesale Price Litigation*  
Docket No. 01-CV-12257-PBS, MDL No. 1456 – GSK Settlement

For Official Use Only

## **GSK AWP THIRD-PARTY PAYOR AMENDED CLAIM FORM**

To get a share of the Settlement Fund, you need to complete and sign this Claim Form and mail it postmarked on or before **May 28, 2007** to: GSK AWP Litigation Administrator, c/o Complete Claim Solutions, LLC, P.O. Box 24743, West Palm Beach, FL 33416.

The information you provide will be kept confidential and will be used only for administering this Proposed Settlement. If you have any questions, please call the Claims Administrator at **1-888-568-7645**.

A TPP Class Member or an authorized agent can complete this Claim Form. If both a Class Member and its authorized agent submit a Claim Form, the Claims Administrator will only consider the Class Member's Claim Form. The Claims Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided.

If one or more Class Members has authorized you to submit a Claim Form on its behalf, you must provide the information requested in Section B in addition to the other information requested by this Claim Form. You may submit a separate Claim Form for each Class Member that has duly authorized you to do so, OR you may submit one Claim Form for all such Class Members that have authorized you to do so, as long as you provide the information required (as indicated below) for each Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on your own behalf as a Class Member AND on behalf of one or more Class Members that have authorized you to do so, you should submit one Claim Form for yourself and another Claim Form or Forms for the other Class Member(s). **Do not submit a Claim Form on behalf of any Class Member without specific prior authorization from that Class Member.**

### **SECTION A – CLAIMANT IDENTIFICATION**

Please indicate whether you are claiming on your own behalf as a Class Member or as the authorized agent of one or more Class Members by placing an "X" in the appropriate space below. If you wish to make a claim as a Class Member *and also* as the authorized agent of other Class Members, please complete one Claim Form for your claim as a Class Member and a separate Claim Form for those Class Members for whom you are authorized to submit a claim:

☐ I am the Class Member ☐ I am filing as the authorized agent of a Class Member\*\*

\*\* As Authorized Agent, please check how your relationship with the Class Member is best described:

☐ Third Party Administrator (other than a Pharmacy Benefits Manager)

☐ Pharmacy Benefits Manager

☐ Other (Explain): \_\_\_\_\_



Amended Claim Form - 1

**SECTION B – CLASS MEMBER OR AGENT INFORMATION**


---

*Class Member's/Authorized Agent's Name*

---

*Street Address*

---

*Floor/Suite*

---

*City*

---

*State*

---

*Zip Code*

---

( )  
*Area Code – Telephone Number*

---

( )  
*Area Code – Fax Number*

---

*Class Member's/Authorized Agent's Tax Identification Number*

If you file as a Class Member, list other names by which you have been known or other Federal Employer Identification Numbers ("FEINs") you have used from January 1, 1991 through August 10, 2006.

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If you are filing as the Class Member, check the term below that best describes your company/entity:

☐ Health Insurance Company/HMO

☐ Self-Insured Employee Health Plan

☐ Self-Insured Union Health & Welfare Fund

☐ Other (Explain): \_\_\_\_\_

**SECTION C – CLAIM BY AUTHORIZED AGENT**

Please list the Federal Employer Identification Number and the name of every Class Member for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this Proof of Claim as necessary). Alternatively, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Claims Administrator to determine what formats are acceptable.

**SECTION D – TOTAL AMOUNT OF GSK COVERED DRUG PURCHASES**

For each Class Member on whose behalf you are submitting a claim, state the total and final amount paid or reimbursed for each GSK Covered Drug with a date of service or date of fill from January 1, 1999 to December 31, 2003, net of co-pays, deductibles and co-insurance. If you are claiming more than \$300,000, you will need to provide additional information (*See* Section F). If necessary, please duplicate this section so that you use it once for each Class Member on whose behalf you are submitting a claim.

**Current Name of Class Member:** \_\_\_\_\_

	<u><b>Drug Name</b></u>	<u><b>MediGap TPP Class</b></u> <b>January 1, 1999 -</b> <b>December 31, 2003</b>	<u><b>Private Payor TPP Class</b></u> <b>January 1, 1999 -</b> <b>December 31, 2003</b>
<b>GSK Category A Drugs</b>	<b>Kytril Injection (granisetron HCL)</b>	\$	\$
	<b>Zofran Injection (ondansetron HCL)</b>	\$	\$
<b>GSK Category B Drugs</b>	<b>Alkeran (melphalan)</b>	\$	\$
	<b>Imitrex (sumatriptan)</b>	\$	\$
	<b>Kytril Tablets (granisetron HCL)</b>	\$	\$
	<b>Lanoxin (digoxin)</b>	\$	\$
	<b>Myleran (busulfan)</b>	\$	\$
	<b>Navelbine (vinorelbine tartrate)</b>	\$	\$
	<b>Retrovir (zidovudine)</b>	\$	\$
	<b>Ventolin (albuterol)</b>	\$	\$
	<b>Zofran Orals (ondansetron HCL)</b>	\$	\$
	<b>Zovirax (acyclovir)</b>	\$	\$
	<b>Zantac (ranitidine HCL)</b>	\$	\$

*Claimant certifies that the figures are true and accurate and are based upon actual records maintained by or otherwise available to the claimant.*

**SECTION E – JURISDICTION OF THE COURT AND CERTIFICATION**

**Please duplicate this section and submit it for each TPP Class Member on whose behalf you are submitting a claim.**

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form either directly or on behalf of the Class Member or as its Authorized Agent, and, in turn, have been given the authority to submit this Claim Form by each Class Member identified in this Claim Form and in any attachments to it, and to receive on behalf of each such Class Member any and all amounts that may be allocated from the TPP Settlement Pool to such Class Member; (2) Each entity on whose behalf I have submitted a claim is a TPP Class Member, and I have not included claims on behalf of any TPP Class Member that are readily identifiable as having been based on a reimbursement standard other than AWP; (3) the information contained in this Claim Form and any attachments hereto is true and accurate, based on records maintained by or otherwise available to me; (4) I, the Authorized Agent (if any), and the Class Member on whose behalf this Claim Form is submitted, hereby submit to the jurisdiction of the United States District Court for the District of Massachusetts (the "Court") for all purposes associated with this Claim Form and the Proposed Settlement, including resolution of disputes relating to this Claim Form; and (5) in the event that amounts from the TPP Settlement Pool are distributed to the Authorized Agent of a Class Member, and the Class Member later claims that the Authorized Agent did not have the authority to claim and receive such amounts on its behalf, the Authorized Agent, I and/or my employer will hold the Class, Counsel for the Class, Defendants, Counsel for Defendants, and the Claims Administrator harmless with respect to any claims made by said Class Member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Month/Day/Year

The following additional information is to be provided by the Individual that signs and certifies this Claim Form: I am filing this Claim Form as the authorized employee of the following Class Member or Authorized Agent for Class Member:

\_\_\_\_\_  
Name of Individual's Employer

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Area Code – Telephone Number

(\_\_\_\_\_) \_\_\_\_\_

Area Code – Fax Number

\_\_\_\_\_  
E-mail Address

Mail the completed Claim Form to the address listed on the reverse side, postmarked on or before **May 28, 2007**.

## SECTION F – CLAIM DOCUMENTATION INSTRUCTIONS

If you are claiming less than \$300,000 of total purchases of all GSK Covered Drugs for the 1999-2003 period, you do not need to attach any additional information. However, even if your purchase amount is less than \$300,000, you should retain the information required for claims over \$300,000 because any claim may be audited.

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a. J-Code or NDC Number - The applicable J-Code or NDC Number for each transaction. The applicable J-Codes for each GSK Covered Drugs as well as a list of NDC numbers is attached on page 6 of this Claim Form as Attachment 1.

b. Patient Identifier - A random encrypted patient identification number for each transaction, which can be used to track claims.

c. Age - Age information (*i.e.*, the difference between date of birth and date of service or date of fill, rounded down to the nearest year) for each transaction.

d. Service and/or Fill Date - Service date will often be available for J-Code entries and fill date will be available for NDC entries. If both are available, please include.

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g. Units - If available, the units for each transaction should be provided.

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## OTHER INFORMATION

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- All information you provide is subject to the protective order governing this action.

Please contact the Claims Administrator at 1-888-568-7645 with any questions about the required claims data.

---

***Mail the completed Claim Form, postmarked on or before May 28, 2007, to:***

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416.



**Attachment 1 -- GSK Covered Drugs and HCPCS Codes**

<b>NDC</b>	<b>Drug</b>	<b>Description</b>	<b>HCPCS Code(s)</b>
<b><u>GSK Category A Drugs</u></b>			
00029414901	Kytril	KYTRIL INJ SINGLE DOSE VIAL 1MG/ML	J1625, J1626
00029414975	Kytril	KYTRIL INJ SGL DOSE VIAL 1MG/ML VHA	J1625, J1626
00029415201	Kytril	KYTRIL 1MG/ML INJECTION 4ML VIAL	J1625, J1626
00173044200	Zofran	ZOFRAN INJ 2MG/ML 20ML	J2405
00173044202	Zofran	ZOFRAN INJ 2MG/ML 2ML 5S	J2405
00173046100	Zofran	ZOFRAN INJ PRMXD 32MG/50ML	J2405
00173046200	Zofran	ZOFRAN INJ PRMXD 4MG/50ML	J2405
<b><u>GSK Category B Drugs</u></b>			
00173004535	Alkeran	ALKERAN TAB 2MG 50S	J8600
00173013093	Alkeran	ALKERAN I.V. INJ 50 MG	J9245
00173044901	Imitrex	IMITREX INJ 12MG/ML 0.5ML 2S PFLD SRNG	J3030
00173044902	Imitrex	IMITREX INJ 0.5ML 12MG/ML 5S VIALS	J3030
00173044903	Imitrex	IMITREX INJ 12MG/ML 0.5ML2S KIT,SELFDOSE	J3030
00173047800	Imitrex	IMITREX INJ 12MG/ML STAT DOSE RFL 2'S	J3030
00173047900	Imitrex	IMITREX INJ 12MG/ML STAT DOSE KIT	J3030
00029415105	Kytril	KYTRIL 1 MG TABS 20'S SUP	Q0166
00029415139	Kytril	KYTRIL 1MG TABS 2'S	Q0166
00173026010	Lanoxin	LANOXIN INJ 0.5MG	J1160
00173026035	Lanoxin	LANOXIN INJ 0.5MG 2ML 50S	J1160
00173026210	Lanoxin	LANOXIN INJ PEDIATRIC 0.1MG/ML	J1160
00173071325	Myleran	MYLERAN TAB 2MG 25S	J8510
00173065601	Navelbine	NAVELBINE INJ 10MG 1ML	J9390
00173065644	Navelbine	NAVELBINE INJ 50MG 5ML	J9390
00173010793	Retrovir	RETROVIR IV INF 10MG/ML 20ML 10	J3485
00173038558	Ventolin	VENTOLIN SOL INH 0.5% 5MG/ML 20ML	J7618-19, J7620, J7625
00173041900	Ventolin	VENTOLIN NEB SOL INH 0.083% 3ML 25S	J7618-19, J7620, J7625
00173044600	Zofran	ZOFRAN TAB 4MG 30S	Q0179
00173044601	Zofran	ZOFRAN TAB 4MG 100S	Q0179
00173044602	Zofran	ZOFRAN TAB 4MG 100S UD	Q0179
00173044604	Zofran	ZOFRAN TAB 4MG 3S	Q0179
00173044700	Zofran	ZOFRAN TAB 8MG 30S	Q0179
00173044701	Zofran	ZOFRAN TAB 8MG 100S	Q0179
00173044702	Zofran	ZOFRAN TAB 8MG 100S UD	Q0179
00173044704	Zofran	ZOFRAN TAB 8MG 3S	Q0179
00173048900	Zofran	ZOFRAN ORAL SOL 4MG/5ML 50ML	Q0179
00173056900	Zofran	ZOFRAN ODT 4MG 5X2 30S	Q0179
00173057000	Zofran	ZOFRAN ODT 8MG 5X2 30S	Q0179
00173057004	Zofran	ZOFRAN ODT 8MG 5X2 10'S	Q0179
00173068000	Zofran	ZOFRAN TAB 24MG 1S	Q0179
00173095201	Zovirax	ZOVIRAX FOR INJECTION 1000MG 20ML 10S (C	Q4075
00173099501	Zovirax	ZOVIRAX FOR INJECTION 500MG 10ML 10S (C#	Q4075
00173036200	Zantac	ZANTAC INJ 25MG/ML 2ML PFLD SRNG	J2780
00173036238	Zantac	ZANTAC INJ 25MG/ML 2ML 10S	J2780
00173036300	Zantac	ZANTAC INJ 25MG/ML 40ML	J2780
00173036301	Zantac	ZANTAC INJ 25MG/ML 6ML	J2780
00173036339	Zantac	ZANTAC INJ 25MG/ML 10ML	J2780
00173040700	Zantac	ZANTAC INJ PRMXD 50MG/100ML 24S	J2780
00173044100	Zantac	ZANTAC INJ PRMXD 50MG/50ML 24S	J2780

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416

**IMPORTANT COURT DOCUMENTS**

## Exhibit 4

TPP Requests for Exclusion

Exclusion No.	Name
1	UNITED STATES FIRE INSURANCE COMPANY
2	CRUM AND FORSTER INSURANCE COMPANY
3	THE NORTH RIVER INSURANCE COMPANY
4	CRUM & FORSTER INDEMNITY COMPANY
5	THERMO FISHER SCIENTIFIC
6	HALJOHN SAN ANTONIO
7	CALHOUN APPAREL
8	COSTCO WHOLESALE
9	OFFICE OF THE ATTORNEY GENERAL
10	SEATTLE PACIFIC
11	RLI
12	SCHAEFFLER GROUP USA INC

## **EXHIBIT 3**